
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (CHECK ONE)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

ELECTROSTATIC DISINFECTANT DELIVERY

SPECIFICATION IDENTIFICATION

the specification of which: (COMPLETE (A), (B) OR (C))

- (a) ☒ is attached hereto.
(b) ☐ was filed on _____ as Serial No. _____
or Express Mail No., as serial no. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____
filed on _____ and as amended
under PCT Article 19 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information:

- ☒ which is material to patentability as defined in 37 CFR § 1.56

(also check the following items, if desired)

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☒ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR § 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. (complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

| Country (or indicate if PCT) | Application Number | Date of Filing (day, month, year) | Priority Claimed Under 37 USC 119 | |
|------------------------------|--------------------|-----------------------------------|-----------------------------------|--------------------------|
| | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Leslie S. Miller, Registration No. 30,662
Rodney D. DeKruif, Registration No. 35,853
Leonard J. Kalinowski, Registration No. 24,207
Jason E. Pauls, Registration No. 45,651

(check the following item, if applicable)

☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO: Rodney D. DeKruif, Esq.
Reinhart, Boerner, Van Deuren,
Norris & Rieselbach, s.c.
Attn: Linda Gabriel, Docket Clerk
1000 North Water Street, Suite 2100
Milwaukee, WI 53202-3186

DIRECT TELEPHONE CALLS TO: Rodney D. DeKruif
(414) 298-8360

CUSTOMER NO. 22922

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of first joint inventor, if any

(Given Name) Claudio (Middle Initial or Name) L. K. (Family or Last Name) Lins
Inventor's signature: Claudio L. K. Lins
Date 1-19-2001 Country of Citizenship U.S.
Residence: 2603 North Main Street
Racine, WI 53402
Post Office Address: 2603 North Main Street
Racine, WI 53402

Full name of second joint inventor, if any

(Given Name) (Middle Initial or Name) (Family or Last Name)
Inventor's signature: _____
Date _____ Country of Citizenship _____
Residence: _____
Post Office Address: _____

Full name of third joint inventor, if any

(Given Name) (Middle Initial or Name) (Family or Last Name)
Inventor's signature: _____
Date _____ Country of Citizenship _____
Residence: _____
Post Office Address: _____

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED
PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

- ☐ Signature for fourth and subsequent joint inventors.
Number of pages added _____
- ☐ Signature by administrator(trix), executor(trix) or legal representative for
deceased or incapacitated inventor. Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person
authorized under 37 CFR § 1.47. Number of pages added _____
- ☐ Added page for signature by one joint inventor on behalf of deceased
inventor(s) where legal representative cannot be appointed in time
(37 CFR § 1.47).
- ☐ Added pages to combined declaration and power of attorney for divisional,
continuation, or continuation-in-part (C-I-P) application. Number of pages
added _____.
- ☐ Authorization of attorney(s) to accept and follow instructions from
representative.

(IF NO FURTHER PAGES FORM A PART OF THIS DECLARATION,
THEN END THIS DECLARATION WITH THIS PAGE
AND CHECK THE FOLLOWING ITEM:)

 X This declaration ends with this page.